



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH NORTH HOSPITAL

City of Hospital: Carmel

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

Email Address: dtatter@iuhealth.org

Medicare Provider Number: 15-0161

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

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|-------------------------------------|--------------|
| Inpatient Patient Service Revenue | \$377753618 |
| Outpatient Patient Service Revenue | \$642089570 |
| Total Gross Patient Service Revenue | \$1019843188 |

2. Deductions From Revenue

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|-----------------------|-------------|
| Contractual Allowance | \$676841488 |
| Other Deductions | \$-6844392 |
| Total Deductions | \$669997096 |

3. Total Operating Revenue

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|-----------------------------|-------------|
| Net Patient Service Revenue | \$349846092 |
| Other Operating Revenue | \$17819384 |
| Total Operating Revenue | \$367665476 |

4. Operating Expenses

| | | | |
|-------------------------------|-------------|-------------------|-------------|
| Salaries and Wages | \$63571796 | Employee Benefits | \$16443802 |
| Depreciation and Amortization | \$14799954 | Interest Expense | \$0 |
| Bad Debt | \$13444567 | Other Expenses | \$149510310 |
| Total Operating Expenses | \$257770429 | | |

5. Net Revenue and Expenses

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|-----------------------------------|-------------|-------------------|-------------|
| Excess Revenue over Expenses | \$109895047 | Total Assets | \$524444486 |
| Net Non-operating Gains over Loss | \$2215622 | Total Liabilities | \$524444486 |

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|-----------------|-------------|
| Total Net Gains | \$112110669 |
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| Statement Two: Contractual Allowance |
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| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare | \$403974060 | \$340935837 | \$63038223 |
| Medicaid | \$95267951 | \$73337022 | \$21930929 |
| Other Government | \$7279120 | \$6326005 | \$953115 |
| Other State | \$0 | \$0 | \$0 |
| Other Payers | \$513322057 | \$262842800 | \$250479257 |
| Total | \$1019843188 | \$683441664 | \$336401524 |

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| Statement Three: Donations Statement |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$26377 | \$87577 | \$-61200 |

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| Statement Four: Research Statement |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------|----------------------------|-----------------------------|-------------------------|
| Research | \$0 | \$0 | \$0 |

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| Statement Five: Education Statement |
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| Education of | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------------------|----------------------------|-----------------------------|-------------------------|
| Medical Professionals | \$0 | \$461033 | \$-461033 |
| Hospital Patients | \$0 | \$0 | \$0 |
| Community Education | \$0 | \$0 | \$0 |

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| Number of Medical Professionals Trained | \$0 |
| Number of Hospital Patients Educated | \$0 |
| Number of Citizens Exposed to Health Education Messages | 1778 |

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| Statement Six: Charity Statement |
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|--------------------------|-----------|
| Hospital Charity Charges | \$7193377 |
|--------------------------|-----------|

| | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care | \$0 | \$1642967 | |
| HCI Payments | \$0 | | |
| Subtotal | \$0 | \$1642967 | \$-1642967 |
| Medicaid Shortfalls | \$22206983 | \$34279582 | |
| Subtotal | \$22206983 | \$35922549 | \$-13715566 |
| DSH Payments | \$0 | | |
| Subtotal | \$22206983 | \$35922549 | \$-13715566 |
| Medicare Shortfalls | \$41454845 | \$58612397 | |
| Other Government Programs | \$0 | \$0 | |
| Total | \$63661828 | \$94534946 | \$-30873118 |

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| Statement Seven: Subsidized Health Services for the Community |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs | \$0 | \$0 | \$0 |
| Community Assessment | \$0 | \$0 | \$0 |
| Provision of Taxes | \$0 | \$0 | \$0 |
| Other Allocations | \$0 | \$0 | \$0 |

Comments

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